

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30983
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-2712
7. Lease Name or Unit Agreement Name Grama -B- 8817 JV-P
8. Well No. 2
9. Pool name or Wildcat Grama Ridge E. Morrow

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER
2. Name of Operator BTA Oil Producers
3. Address of Operator 104 S. Pecos, Midland, TX 79701
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>21S</u> Range <u>34E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-9-90 Depth 11,450', Cmt'd 7" 29# D95 LTC @ 11450' w/1980 sx, Circ "DV" tool @ 6222', Cmt circ, WOC.

12-10-90 Depth 11,450', Set slips & cut off csg, Install spool & BOP's, Drld "DV" tool, cmt, float collar & cmt to shoe @ 11,450', Tstd 7" csg to 2500 psi on 8.7 ppg fluid, OK.

12-14-90 Depth 11,848', Drlg 6-1/8" hole.

I hereby certify that the information above is true and accurate to the best of my knowledge and belief.

SIGNATURE Dorothy Houghton TITLE Regulatory Administrator DATE 12-14-90

TYPE OR PRINT NAME Dorothy Houghton

TELEPHONE NO. 915-682-3751

(This space for State Use)

APPROVED BY Paul Smith TITLE Geologist DATE _____

CONDITIONS OF APPROVAL, IF ANY: